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DATE:	November 19, 2007
TO:	Examiner Danelle E. Jones Group Art Unit: 2626 United States Patent and Trademark Office
FAX #:	571-273-8300
FROM:	Thomas F. Bergert, Esq.
DIRECT DIAL #:	703-760-5237
ATTORNEY/USER ID #:	T. Bergert/1086
CLIENT/MATTER #:	026171.0006
SUBJECT:	U.S. Patent Application Serial No. 10/714,036 Inventor: Robert E. Levin
NUMBER OF PAGES (INCLUDING COVERSHEET):	<u>19</u>

MESSAGE:

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PTO/B21 (10-07)

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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/714,038	
	Filing Date	November 14, 2003	
	First Named Inventor	Robert E. Levin	
	Art Unit	2628	
	Examiner Name	Danette E. Jones	
Total Number of Pages in This Submission	18	Attorney Docket Number	026171.0006

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.62 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Postmark Return Receipt
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Williams Mullen, P.C.		
Signature	<i>Thomas F. Bergart</i>		
Printed name	Thomas F. Bergart		
Date	November 19, 2007	Reg. No.	38,076

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:	
Signature	<i>Rachelle Gruenberg</i>
Typed or printed name	Rachelle Gruenberg
Date	November 19, 2007

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Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).		Complete if Known	
FEE TRANSMITTAL For FY 2008		Application Number	10/714,036
		Filing Date	November 14, 2003
		First Named Inventor	Robert E. Levin
		Examiner Name	Danelle E. Jones
		Art Unit	2826
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Attorney Docket No.	028171.0006
TOTAL AMOUNT OF PAYMENT (\$)		525.00	

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____

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FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	310	155	510	255	210	105	
Design	210	105	100	50	130	65	
Plant	210	105	310	155	160	80	
Reissue	310	155	510	255	620	310	
Provisional	210	105	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	210	105
Multiple dependent claims	370	185

Total Claims 20 or HP = Extra Claims x Fee (\$) = Fee Paid (\$)

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims 3 or HP = Extra Claims x Fee (\$) = Fee Paid (\$)

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
<u>100</u>	<u>150</u>	<u>1</u>	<u>260</u>	<u>260</u>

4. OTHER FEE(S)

Description	Fee (\$)	Fee Paid (\$)
Non-English Specification, \$130 fee (no small entity discount)		
Other (e.g., late filing surcharge): Petition for 3-Month Extension of Time		525.00

SUBMITTED BY			
Signature	<i>Thomas F. Bergert</i>	Registration No. (Attorney/Agent)	38,076
Name (Print/Type)	Thomas F. Bergert	Telephone	703.780.5200
		Date	November 19, 2007

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